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# "Outside and Also Beside Herself:" A Discussion of the Treatment of Hysteria in Female Characters within the Western Theatrical Tradition

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“Outside and Also Beside Herself:” A Discussion of the Treatment of Hysteria in Female  
Characters within the Western Theatrical Canon

In partial fulfillment of the Theatre and Dance Major

Senior Thesis by Molly Belsky

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## Introduction

Feminist approaches to theatre come from a number of nuanced perspectives but all are focused on examining the theatrical treatment--and often the mistreatment--of women. As Gayle Austin writes at the start of her book, *Feminist Theories for Dramatic Criticism*,

A feminist approach to anything means paying attention to women. It means paying attention when women appear as characters and noticing when they do not. It means making some “invisible” mechanisms visible and pointing out, when necessary, that while the emperor has no clothes, the empress has no body. It means paying attention to women as writers and as readers or audience members. It means taking nothing for granted because the things we take for granted are usually those that were constructed from the most powerful point of view in the culture and that is not the point of view of women.<sup>1</sup>

Women, Austin so strongly states, are all too often not paid attention to. Their characters in the Western theatrical canon are frequently ignored, mistreated, and misrepresented. All too often, female characters are written not as fully realized human beings but little more than one dimensional plot devices, inserted into the narratives created by male playwrights to further the endeavors of the male characters and their goals.

The consequences of female characterizations not being fully fleshed out as women and have the potential to cause tremendous harm to female audiences by way of perpetuating a system in which they are oppressed and treated as second class. Along the same lines, female characters who display traits that are inconsistent with the very real humanity of women who exist both on and offstage create a false perception of women and how they should be treated. A prominent cause at the root of this problem is that many of the most famous female characters were created by men within the Western theatrical tradition. French Feminist Helene Cixous has

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<sup>1</sup> Austin, Gayle. *Feminist Theories for Dramatic Criticism*. Ann Arbor: U of Michigan, 1990. Print. 1-2.

written on multiple occasions about the dangers of male writers and playwrights being extremely prominent within writing and performance communities and overshadowing many women who could be strong and influential voices within their genres. Cixous, an Algerian born feminist theorist, author, and playwright, dedicated a large portion of her life's work to challenging the norms and conventions that dictate typical tropes and structures within writing and performance, because these very conventions have been established and encouraged by men. She is well established as one of the formative French Feminists and her writings are widely read and studied. Her article "The Laugh of the Medusa" is an extremely passionate call for women to write and express themselves artistically, as a means of survival.

The desperate, life-or-death nature of theatre can be made evident by looking at Ariel Dorfman's 1990 play, "Death and the Maiden." Dorfman's plot follows a woman's desperate search for personal justice after experiencing unspeakable torture. Professor Teresa Godwin Phelps, a law professor who studies different forms of justice, uses the character's personal narrative as a jumping off point from which to discuss the importance of storytelling in seeking justice and righting wrongs, but the play itself was written as its own form of justice and truth telling. Chilean native Dorfman wrote the play in response to massive human rights violations that were occurring in her country, and in many ways her story represents an attempt to come to terms with both personal and national tragedy. This is a common function for theatre, and many approach the art form in an attempt to reconcile certain thoughts and feelings, and to find themselves reflected in the characters that they see. With that, much beyond inner thoughts and feelings, what Dorfman's play serves as an example of is the sheer political power that theatre holds. When reflected in theatrical performance, human existence can be scrutinized and connected with on an extremely human and empathetic level. This is the great strength of theatre,

and many have been drawn to it for its unique ability to provide comfort and camaraderie among human beings. However, this function is secondary to the power which the art form can hold in terms of either reversing or strengthening a societal norm. It is this power which gives the feminist critic's argument--not to mention Cixous'--its palpable legitimacy.

In terms of Cixous, we can begin to dissect where the problem is in female representation. At the forefront of her chief causes, articulated strongly and often in "Laugh of the Medusa," was the proper representation of women within the world of writing and performance. She championed the positive effects that female writers could have on female audiences and on the writers themselves. She bemoans the fact that women themselves are afraid and unwilling to write and tell their own stories, saying "...why don't you write? Write! Writing is for you, you are for you; your body is yours, take it...writing is at once too high and too great for you..."<sup>2</sup> and later, "(w)rite yourself. Your body must be heard. Only then will the immense resources of the unconscious spring forth...nonassessed values...will change the rules of the old game."<sup>3</sup> Cixous and is searching intently for the female artistic voice, and so clearly articulates the intense and overwhelming need for the female experience to be brought forward in the worlds of writing and performance by and for real women both as artists and as audience members. This need becomes even more essential through her assertions that the current state of male prominence and domination in the arts is comparable to the massacre of women. Her essay "Aller a la Mer" examines women specifically in the theatre both as performers and as audience members. She opens the essay by posing her ultimate question to female theatregoers:

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<sup>2</sup> Cixous, Helene, Keith Cohen, and Paula Cohen. "The Laugh of the Medusa." *Signs: Journal of Women in Culture and Society*. 1.4, 1976: 875-93. Web. 876.

<sup>3</sup> Cixous, "Laugh," 880.

How, as women, can we go to the theatre without lending our complicity to the sadism directed against women, or being asked to assume, in the patriarchal family structure that the theatre reproduces *ad infinitum*, the position of the victim?<sup>4</sup>

She goes on to argue passionately that the current state of theatre is one that actively mistreats--and ultimately murders--women.

Cixous insists that the repression of women, of their thoughts and feelings and their souls, stems essentially from the repression of women's ability and opportunity to express themselves artistically. Women, Cixous asserts, also have the distinct position to be able to grant female characters full and accurate portrayals. In "Laugh of the Medusa" she writes,

I say that we must (write), for, with a few rare exceptions, there has not yet been any writing that inscribes femininity; exceptions so rare, in fact, that, after plowing through literature across languages, cultures, and ages, one can only be startled at this vain scouting mission.<sup>5</sup>

Cixous' argument is that a lack of female writers and storytellers creates a severe lack of representation which actually reflects the truth of women. That is, male writers cannot possibly give consumers of theatre fully accurate examples of female characters and therefore are responsible for gaps in female representation in the Western theatrical canon. This, in turn, is a form of oppression, and as she says, "(b)y writing herself, woman will return to the body that has been more than confiscated from her...censor the body and you censor breath and speech at the same time."<sup>6</sup> For Cixous, the censorship of female writers is a direct assault on the representation of female characters, which in turn allows the patriarchy to maintain its power. According to her, women cannot possibly be fully fleshed out in the theatrical genre if they continue to be written by men.

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<sup>4</sup> Cixous, Helene. "Aller a la Mer." *Modern Drama*. 27.4. 1984: 546-548. Web. 546.

<sup>5</sup> Cixous, "Laugh," 878.

<sup>6</sup> Cixous, "Laugh," 880.

In order to establish what exactly is lacking in the representation of female characters, it is necessary to examine common threads that occur in different manifestations of female characters that can be found within the Western theatrical canon. For this purpose, I will examine three separate female characters in Western tradition: Euripides' Medea, Shakespeare's Ophelia, and Tony Kushner's Harper. Each are prominent characters for their era (ancient drama, Elizabethan times, and modern drama) and within their own stories. In addition, each of these women reach some degree of insanity during their individual story arcs. For each, the manifestation of the "madness" and "insanity" is different, and the driving force behind the actions of each is distinct, but my first task is to discover the similarities between the three characters that may link them. In order to do this I will scrutinize each of the specific narratives by which each of them are bound. By this, I mean that I will attempt to explore how the fate of each of these women is inevitable within her given storyline and how each one is at the mercy of her male playwright. In order to do this, I will examine classic dramatic structures and how they are conventionally laid out. From there, I will report on the patterns which arise when I seek to understand the inevitability of these women's situations and the inevitability of their manifestations of madness.

Among these manifestations of madness, I will examine the performative nature that insanity often has, as demonstrated by Jean-Martin Charcot's hysteria shows. Charcot was a French neurologist who held "performances" by his female patients who were diagnosed with hysteria. Audiences would gather in his operating theatres and observe these women and what they did. These "performances," true to their name, showcased the performative nature of hysteria. In relation to my research, Charcot's approach seems to be extremely exploitative,



similar to how the male playwrights that I will examine have used their female characters' moments of madness as little more than plot devices.

I will approach my analysis from a number of different perspectives, but I will begin with a traditional analytical perspective. I will use traditional structures of criticism to analyze the dramatic action of each play in order to determine how the narrative is structured, how cause and effect work within the plot, and how status and status shifts are determined between the characters. Establishing these elements will create a structure that will allow me to examine what exactly it is within the narratives in which these women find themselves that causes them to lose touch with their realities and descend into different forms of madness and insanity. Examining narratives in this way makes it possible to examine the agency--or lack thereof--that a character has within a plot. Each of these women has a distinct driving force and set of motivations, and yet I will show that they are in fact not in control of their own fates. They do not act on their own volition but instead are acted *upon* by the male protagonists and the constraints of the narratives in which they find themselves. In a way, each of these women are trapped within their own plots and subject to the will of their male creators (the playwrights) and the male characters who have dominion over them, their actions, and to some extent their thoughts and feelings.

In addition to exploring the inevitable fates within the plots that these male playwrights create for their female characters, I will also identify what it is about their relationships to the male heroes of their individual stories that drive them to certain levels of insanity or ultimately to commit destructive acts, either on others or on themselves. My ultimate goal is to show that these women are only necessary to their own plots if they can help further the stories of their male counterparts. Through this, I will show that their individual "insanities" are treated as plot devices only. Each one of these women is only allowed to take center stage and play a pivotal

role in her plot when she falls into her period of madness. That is, these women cannot be at the forefront of our minds unless their insanity drives them to act rashly. Medea is only a driving force behind the dramatic action because for the entire narrative she is driven mad by anger and grief and so takes action that is horrifying to the audience. Ophelia is allowed her longest monologues and moments onstage in the scenes following the murder of her father, when grief takes her over and she truly does begin to slip away from sanity. For her part, Harper is used as comic relief at best and a foil to her own husband's happiness at worst. Her dependence on pills and frequent conversations with people who are not there are often played for laughs, and her very real pain goes virtually unacknowledged by other characters and by Kushner himself.

I wish to explore the various aspects of the “insanities” that these women experience because I believe that I can find strong bonds between each of their characters and stories. When viewed side by side, I believe that these three characters will reveal a connection in the common practices and successful portrayals of women by male playwrights that has remained in western theatrical tradition since Aristotle. I expect that these connections will appear on many different levels, as the influences that prominent works of western theatre share are numerous. Once I establish these influences, I will show that not allowing women to have a hand in their own narratives and in the creation of their worlds onstage creates an atmosphere in which they are vulnerable to either being completely misrepresented or created in a way that only furthers the narrative of the men with whom they share the stage. In fact, when female characters are treated in this way, theatre becomes an instrument of the patriarchy. Feminist critic Jill Dolan illustrates this in her book, *The Feminist Spectator as Critic* when she is describing the political function of feminist criticism.

By exposing the ways in which dominant ideology is naturalized by the performance's address to the ideal spectator, feminist performance criticism works as a political intervention in an effort toward cultural change.<sup>7</sup>

Here, Dolan is asserting to us that theatre has the power to either change or perpetuate the status quo.

To examine this, we return to Cixous, who is very much concerned with these types of representation matters. In particular, she writes in "Aller a la Mer" that when women go to the theatre they are constantly watching versions of themselves be murdered and degraded in order to further the plot. She asserts,

(w)ith even more violence than fiction, theatre, which is built according to the dictates of male fantasy, repeats and intensifies the horror of the murder scene which is at the origin of all cultural productions. It is always necessary for a woman to die in order for the play to begin. Only when she has disappeared can the curtain go up; she is relegated to repression, to the grave, the asylum, oblivion, and silence.<sup>8</sup>

For Cixous, proper female representation in theatre is truly a matter of life and death. In order for theatre to be an art form through which we are all able to see ourselves reflected in the characters that we watch onstage, we as the creators and consumers of western theatre must consider voices which are varied and numerous. As Cixous would warn us, going to the theatre cannot be akin to participating in our own murder, as women are essentially murdered when their voices are ignored or silenced altogether.

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<sup>7</sup> Dolan, Jill. *The Feminist Spectator as Critic*. Ann Arbor, MI: UMI Research, 1988. Print. 2.

<sup>8</sup> Cixous, "Aller a la Mer," 546.

## Chapter 1

Helene Cixous opens her essay “Aller a la Mer” with a bold question:

How, as women, can we go to the theatre without lending our complicity to the sadism directed against women, or being asked to assume, in the patriarchal family structure that the theatre reproduces *ad infinitum*, the position of victim?<sup>9</sup>

Cixous explores the various ways in which theatre as an art form recreates and demonstrates some of the major prejudices of a misogynistic society and how women as audience members may be silently giving their approval when they attend such productions. When as women we attend plays, we tend to look for ourselves onstage. This is a natural response to art as a form of representation, searching for something that we can relate to, for anything that seems familiar. It would seem that theatre is an art form particularly suited for this type of self-discovery, as it is a recreation of human life on display for an audience. However, as Cixous and many others have pointed out, a theatrical recreation of life also means that the daily prejudices and injustices of society are thereby reproduced. Therefore, female representation in western theatre is often skewed in the same way that western culture views—and degrades—women. Female characters are not fully fleshed out, are pushed to the side as little more than decorative figures, and are used as devices through which the male characters’ narratives are served.

In the tradition of Western theatre, dating all the way back to Ancient Greek tragedy, dramatic action has been driven by the pivotal characters in any given plot. The first widely accepted analysis of dramatic form and theory came from Aristotle who, while establishing tragedy as the highest form of dramatic art, identified in his work *Poetics* what he believed to be the key elements of good and effective tragic dramatic structure. In *Poetics*, Aristotle writes that “perfect tragedy” involved its characters supporting the plot. That is, their personal motivations are what drive the action and the storytelling. Therefore, it follows that a character’s significance

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<sup>9</sup> Helen Cixous, “Aller a la Mer,” 546.

in any story is very closely tied to that character's effect—or lack thereof—on the rise and fall of the plot.<sup>10</sup> This analysis may be used to determine how important or unimportant a certain character is to a story.

The Western theatrical canon contains a great number of memorable and powerful characters, many of whom drive their respective plots forward in significant ways. However, there also exist characters that are on the outskirts, characters that do not directly impact the dramatic action. These characters are only important to the plot as far as they are able to further the story for the male characters who exist alongside them. They exist in the context of the play simply as plot devices—their purpose is to further the male-driven storyline. Cixous even goes so far as to say, “theatre, which is built according to the dictates of male fantasy, repeats and intensifies the horror of the murder scene which is at the origin of all cultural productions. It is always necessary for a woman to die in order for a play to begin.”<sup>11</sup> Western theatre has a tradition of either shoving its female characters aside in favor of the men or using them as objects and tools simply to further the male-driven storylines.

In the theatrical works studied here—Euripides' *Medea* and Shakespeare's *Hamlet*, —two well known and influential male playwrights have created female characters who do not function as true actors within the plot but more as elements within the male driven storyline that are acted upon by the plot. That is, they are controlled by the back and forth action of the plot rather than *causing* that action. In each instance, the major female characters are trapped in the world that was created by the male playwright. They are constrained by the restrictions set forth by their creators, and live in a world that controls their own actions, rather than their actions controlling the world. Therefore these women are placed in the story simply to further the plot of the men.

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<sup>10</sup> Aristotle. "Poetics by Aristotle." *The Internet Classics Archive*. N.p., n.d. Web. 01 May 2016.

<sup>11</sup> Cixous, "Aller a la Mer." 546.

They are at best foils against which the male characters must triumph or at worst overly simplified plot devices who only exist in the context of their relationships with their male counterparts, and only to further our understanding of those main characters.

In Euripides' *Medea*, there is a distinct reversal of fortune for Jason, the main character and the tragic hero, which is one of the elements that Aristotle cites as "one of the most powerful elements of emotional interest in tragedy."<sup>12</sup> This reversal of fortune is the central plot device. Jason's circumstances leading up to the beginning of the play are quite fortunate. He is married to Medea, who he met on his voyage for the Golden Fleece and with whom he has two sons. Medea has come to Jason's land as a foreigner, her love for Jason being her only refuge. She helped him and saved his life during the quest for the Golden Fleece, and he owes her a great deal. However, as the play opens Jason has abandoned his family in the hopes of marrying Glauce, the daughter of King Creon, in order to advance his station. This single decision is what sets the events of the play in motion. Medea, furious at her husband's betrayal, sets in motion a plot to avenge her honor and to cause Jason the same pain that she was feeling.

The defining moment in *Medea*—and one of the most famous in all of Greek tragedy—is the climactic instance in which a distraught Medea commits infanticide. She murders her own two beloved sons in her fury and heartbreak, and therefore sets herself up as the antagonist of the narrative. This is the point in the story in which Aristotle would label the tragedy as Jason's alone, because it is his reversal of fortune for which the chorus cries and laments. Medea is the monster, the one who takes away the happiness of Jason the hero by doing the unthinkable. While this may make it seem as though she as character has the upper hand over her male counterpart, one must look closer at the text in order to decide who is in control of the story. Medea is the title character and has a very large role to play in the dramatic action of the story.

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<sup>12</sup> Aristotle. "Poetics by Aristotle." *The Internet Classics Archive*. N.p., n.d. Web. 01 May 2016.

However, she is not—and cannot be—the protagonist. While Medea is a major player, Jason is the only one who could be the main character, or the *tragic hero*. He is the most prominent character who holds high rank over the others either by noble or moral standing. Jason has a high rank over Medea both as her husband and by the fact that she is nothing more than a foreigner. This places him in the perfect position to be Aristotle's tragic hero, as he outranks the other main characters. In addition, as we watch the dramatic action unfold it is Jason's fortune that turns from good to bad as he displays the fatal flaw of betraying his wife and the mother of his children.

If we establish Jason as the tragic hero and the center point of Euripides' dramatic action, then it is important to discern where Medea falls in the action and what her place in the plot truly is. While her actions do have some control over the plot and over what happens to Jason she is not in control of her own actions. In fact, Euripides portrays her as irrational and hysterical throughout the play. He makes her a slave to her emotions, giving her a great deal of indecision until she ultimately forces herself to go through with her revenge plan, lamenting,

*I know indeed the evil I intend to do*

*But stronger than all my afterthoughts is my fury*

*Fury that brings upon mortals the greatest evils* (1078-1080).<sup>13</sup>

Here Medea is barely given a choice in the matter. She is not allowed to be a full human being with rational thought, she is simply portrayed as a soul-less, unfeeling woman who cannot possibly think clearly because she has been scorned by a man. She knows that her murderous plan is horrifying beyond belief but she is unable to stop herself because her womanly emotions drive her to horrific acts.

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<sup>13</sup> Greene, David, and Richard Lattimore. *Euripides 1: Alcestis, the Medea, the Heracleidae, Hippolytus, the Cyclops, Heracles, Iphigenia in Tauris, Etc.* New York: Modern Library, 1956. Print.

Whatever Medea's motivations are for ultimately choosing her gruesome path to revenge it must be acknowledged that she is given a certain amount of power for a woman in her time period and circumstances. She is allowed to question her male counterpart's actions and is even able to punish him severely for them. This does allow her some agency within the plot, as own desires drive her actions and therefore she controls much of the plot's movement through what she does. However, in order for her to be a truly pivotal character, Euripides strips her of her typically "feminine" qualities and gives her more masculine motivations. In the play's climax Medea has a long monologue in which she goes back and forth over her decision to kill her children. She holds them close to her and mourns,

*My spirit has gone from me*

*Friends, when I saw that bright look in the children's eyes*

*I cannot bear to do it. I renounce my plans*

*I had before. I'll take my children away from*

*This land. Why should I hurt their father with the pain*

*They feel, and suffer twice as much of pain myself? (1042-1047)<sup>14</sup>*

She cannot bear the thought of ending the lives of her sons and here would seem to give in to her motherly instincts. However, one line later she changes her mind and hardens her heart saying,

*Ah, what is wrong with me? Do I want to let go*

*My enemies unhurt and be laughed at for it?*

*I must face this thing. Oh, but what a weak woman*

*Even to admit to my mind these soft arguments (1049-1052).<sup>15</sup>*

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<sup>14</sup> Greene, Lattimore.

<sup>15</sup> Greene, Lattimore.



In her essay, “Medea and the Tragedy of Revenge,” author Ann Burnett considers this passage to be a conflict between two of Medea’s different sides. She writes,

Psychologically speaking it is a struggle between Medea’s masculine, honor-oriented self and her feminine, hearth-oriented self. The second party to the inner debate is... simply a female creature whose every instinct is to preserve her young. When she kills her sons, Medea simultaneously destroys that female creature, her human self, as well as all its mortal hopes.<sup>16</sup>

Burnett equates Medea’s motherhood with her womanhood and considers her defining act to be “an act of violence against herself,”<sup>17</sup> as she cannot possibly continue her existence as a woman if she has robbed herself of the very basis of her femininity: her children.

In addition to the problematic treatment of Medea’s agency and femininity, the matter of her madness must be addressed. She does indeed spend the majority of the play in a state of inconsolable rage and irrationality. Her hysteria drives her forward and is very much her permanent way of being within Euripides’ narrative. She is very easy to place an “insanity” label on and because of this we are not meant to relate to her. As already established, Jason is the hero of this story, not Medea. However, she is still very much a prominent character whose actions clearly drive the plot forward more than most--or all--of her fellow characters. This, I would argue, is a direct result of her insanity. She is allowed agency within the narrative because she is driven mad by her rage at Jason’s betrayal. Her most prominent act of insanity--the murder of her two sons--is the pivotal and most well-known action in the play. It is Medea’s madness--and the fact that it runs through the duration of the narrative--that allows her to be an extremely influential character throughout the piece. Her insanity allows her to take center stage.

If Medea must sacrifice her own femininity in order to gain agency within Euripides’ plot, it is worth questioning whether or not a female theatrical character is allowed to have

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<sup>16</sup> Burnett, Anne. “Medea and the Tragedy of Revenge” *Classical Philology*. 68.1 (1973), 22.

<sup>17</sup> Burnett, 22.

control of her own storyline without compromising her sense of self and her womanhood. In order to explore this it is worthwhile to look at another well-known theatrical character in the western tradition, one who continuously maintains all aspects of her traditional femininity throughout her storyline: Shakespeare's Ophelia.

Numerous scholars have analyzed the plot structure and dramatic action of Shakespeare's *Hamlet*. It is arguably his most famous, most discussed, and most performed work. Hamlet himself is regarded as one of Shakespeare's greatest tragic characters and many well-renowned actors today consider it an honor to play him. Indeed, he is one of the more singularly central characters in any Shakespeare plot. Kenneth Muir remarks,

*Hamlet* is the only tragedy in which the audience watches the whole action through the eyes of the hero. In *Julius Caesar* the point of view is continually changing...and in *Othello* there are scenes in which we are alienated from the Moor. But we watch Polonius, or Gertrude or Claudius, not as they see themselves but as Hamlet sees them.<sup>18</sup>

We must therefore take any analysis of Ophelia as one that depends upon how her male counterpart sees her, not necessarily as how she is. By this, I mean to say that Ophelia is never understood as a character in her own right. She is simply there to further the story of Hamlet himself.

When one analyzes the dramatic action of *Hamlet* it is very easy to overlook Ophelia. She has very little significance when it comes to the movement of the storyline and appears in very few scenes for a Shakespearian love interest. She does not effect Hamlet's decisions throughout the play and is treated as little more than an annoyance by nearly everyone around her. In fact, she is not allowed to be in control of her own emotions, and is forced to be completely passive when speaking with Hamlet. Immediately after the famous "to be or not to be" speech the two

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<sup>18</sup> Muir, Kenneth. *Shakespeare's Tragic Sequence*. Liverpool: Liverpool University Press, 1979. Print, 68.

have an exchange in which Ophelia is completely subject to the push and pull of Hamlet's emotional manipulation:

Hamlet: ...I did love you once.

Ophelia: Indeed, my lord, you made me believe so.

Hamlet: you should not have believed me, for virtue cannot so inoculate our old stock but we shall relish of it. I loved you not.

Ophelia: I was the more deceived.<sup>19</sup>

Their dialogue here is not that of equals, nor is it even something relating to a prince and his subject. Ophelia has been emotionally victimized by Hamlet, as he sees her and her love for him as only a means for his own personal gain. He takes her love for him and relies on it to spread the word that he has gone mad. She is not much more than a tool to be used by Hamlet and various other male characters, and if she were somehow removed from the plot little to nothing would change in the structure of dramatic action. She is an object for our pity, not necessarily for our serious consideration or attention. In fact, Dr. Samuel Johnson refers to her as little more than a "mournful distraction...(which) fills the heart with tenderness."<sup>20</sup> Scholars have concluded that we are not meant to take her seriously, and that in fact we are barely meant to acknowledge her within the context of the play.

Ophelia is never given the chance to have agency within her own plot, as everything that happens within the story happens *to* her rather than *because* of her. She is constantly being told what to do by the men in her life and her father, brother, and former lover all take turns trying to control her. The only instance in which Ophelia truly has control of a scene is in Act IV Scene V, in which she horrifies Claudius, Gertrude, and eventually her brother Laertes with her apparent

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<sup>19</sup> Shakespeare, William, Barbara A. Mowat, and Paul Werstine. *The Tragedy of Hamlet, Prince of Denmark*. New York: Washington Square, 2002. Print. 131.

<sup>20</sup>Halliday, F.E., *Shakespeare and His Critics*. London: Duckworth, 1949. Print. 413.

madness. She is despondent over Hamlet's apparent madness and subsequent rejection and the death of her father at Hamlet's hands. Here is the only scene in which the other characters are reacting to her and her own actions rather than the other way around. However, it must be noted that she is only allowed the spotlight when she is not in her right mind. Marianne Novy notes, "she must go mad in order to escape social restrictions and take center stage...only when her rational consciousness is suspended."<sup>21</sup> This effect of Ophelia's madness is extremely similar to what Medea experiences. She is prominent and noticeable only when driven to insanity and despair. In fact, this scene of rambling and lamentation is often the only way--along with, perhaps, her suicide--that she is remembered at all. Ophelia as the young woman may not take part in the plot but must continue to be a spectator to the moments which occur within the narrative without having any control over her own narrative.

The final time we hear about Ophelia is when a distraught Gertrude brings news of her suicide to a horrified court:

When down her weedy trophies and herself  
Fell in the weeping brook. Her clothes spread wide,  
And mermaid-like a while they bore her up,  
Which time she chanted snatches of old lauds  
As one incapable of her own distress,  
Or like a creature native and indued  
Unto that element. But long it could not be  
Till that her garments, heavy with their drink,  
Pulled the poor wretch from her melodious lay

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<sup>21</sup>Novy, Marianne, "Shakespeare's Female Characters as Actors and Audience," *The Woman's Part: Feminist Criticism of Shakespeare*. Chicago: University of Illinois Press. 1980. Print, 257.

To muddy death.<sup>22</sup>

Gertrude's language here is highly focused on aesthetics. She describes watching Ophelia's death in terms of beauty, grace, and nature. These references feminize the suicide and describe Ophelia's death much in the way that she was described in life. That is, she is looked at for her outward beauty and portrayed as delicate and soft, without substance or ability to control her fate. Hamlet, again, is in control of Ophelia's fate and actions, as he is in control of the dramatic actions throughout the play. Ophelia's suicide is the final time in which the audience is obligated to feel pity for her character. Here we return to Cixous, who points out that a woman on stage "is only loved when absent or abused, a phantom or fascinating abyss. Outside and also beside herself."<sup>23</sup> It is then worth exploring whether or not pity is garnered for Ophelia because the audience can connect with her as a character or because she is written to be a sad, desperate woman for whom an emotion is evoked for the sake of the audience feeling pity for her or if it is to flesh out the character for the sake of representation.

In addition to the forced pity to which Ophelia is subjected (or which is thrust upon her), throughout the play she is the real world manifestation of Hamlet's false madness. According to Carol Thomas Neely, who studies this contrast in terms of language,

His discourse, although witty, savage, and characterized by non sequiturs and bizarre references, almost never has the 'quoted,' fragmentary, ritualized quality of Ophelia's...significantly, the one time it is 'like madness,' that is, like Ophelia's speech, is after the encounter with his father's ghost, when Hamlet must abruptly re-enter the human, secular world of his friends.<sup>24</sup>

In other words, Ophelia functions as a contrast to Hamlet, displaying the true madness which he is only putting on, and is the reason we that we recognize his own put on lunacy to be false. The

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<sup>22</sup> Shakespeare, Mowat. 233-235.

<sup>23</sup> Cixous, "Aller a la Mer," 546.

<sup>24</sup> Neely, Carol Thomas, "Documents in Madness," *Shakespearean Tragedy and Gender*. Indianapolis: Indiana University Press. 1996. Print, 83.

implications of status here cannot be overlooked. Hamlet is performing madness; it is a clever ruse through which he aims to gain revenge. On the other hand, Ophelia's insanity is presented as inevitable, as she is helplessly at the mercy of those around her, caught in the push and pull of the plot without any say in what happens to her.

Ophelia is degraded by our pity and dismissed as hopeless and lovesick. In her essay, "On Ophelia's Madness" in *Shakespeare Quarterly*, Carroll Camden claims that she is nothing more than "a girl suffering physically and mentally from the pangs of rejected love."<sup>25</sup> This places her at the mercy of Hamlet, and puts her under the control of his every whim. Her suicide is not her own decision. In fact we are led to believe that the men that surround her have driven her insane. Hamlet holds distinct dramatic status over her for the entire play, so that when she finally takes her own life her suicide is not so much a tragedy as it is a tool through which Hamlet is driven to show emotion. The end of Ophelia's life is significant only because it marks a turning point for Hamlet in his own narrative, which completes her cycle of existing simply as a means to Hamlet's end.

The characters of Medea and Ophelia--and their treatment by their male creators--represent two different examples of female characters being mistreated by their male playwrights. That is, both women are either shoved to the side due to their femininity, or are not allowed to be feminine for the sake of the overall narrative of the play. In addition, both are given agency within the narrative only when they lose their grip on their sanity or their femininity--or both. This common thread, Helene Cixous would say, is an example of participation in the narrative of the murder of women in the theatre. Cixous' call for greater representation in the world of writers and playwrights is a direct result of characters such as these. To Cixous, female creators are the missing ingredient to giving women agency and

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<sup>25</sup> Camden, Carroll. "On Ophelia's Madness," *Shakespeare Quarterly*. 15.2, 1964: 247-255. Web, 255.

prominence within narratives. However, despite the numerous grievances, Cixous looks to the future very hopeful for a change. In “Laugh of the Medusa,” she asserts,

The future must be determined by the past. I do not deny that the effects of the past are still with us. But I refuse to strengthen them by repeating them, to confer upon them an irremovability the equivalent of destiny, to confuse the biological and the cultural. Anticipation is imperative.<sup>26</sup>

She is strongly urging her readers to consider the long term, negative effects that the past forms of theatre have had on the societal hierarchy under which women are oppressed. Following Cixous’s lead, we look to the future in the hopes that we can learn from the past and avoid repeating it.

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<sup>26</sup> Cixous, “Laugh,” 875.

## Chapter 2

One of the problems with addressing characters such as Medea and Ophelia is that those characters come from time periods in which societal norms were very different from how they are today. Women were socially and financially separated from men and considered little better than second-class citizens. It is therefore fairly straightforward that the plays of the time reflected the prejudices and accepted social norms of the time. However, when it comes to more modern theatrical works, the female characters are still marginalized and there is a good deal of misogyny in the writing. Burkman and Roof refer to this as “the rage.” They write,

in modern drama, misogyny is often represented by a rage displaced onto a gender field; this occurs both in the staging of misogyny or the staging of a rage against misogyny. Rage may be staged in a play’s content: in the theatrical deployment of women characters...in the uncritical performance of misogynistic actions, or in explorations of gender issues that appear to question gender oppression but end up reasserting a patriarchal norm.<sup>27</sup>

This rage runs through many modern female characters, both in word and in action, and is especially evident in the treatment of the character Harper Pitt in Tony Kushner’s modern epic, *Angels in America*.

Harper’s story is only one of several interconnecting plots in Kushner’s play. She is one half of one of the two most prominent couples and is the only female main character in the show. This, in combination with the fact that Kushner’s story is meant to be “a gay fantasia,” means that she is immediately secondary. The major love triangle in the narrative involves her closeted husband, along with Louis and Prior, the gay couple who acts as their counterpart. When we first meet Harper she is clearly already spiraling, treating the audience to a dizzying monologue about lonely people and the death of the universe (she is very concerned about the hole in the ozone layer). She is visited in her very first scene by an imaginary friend—her travel agent—and

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<sup>27</sup> Burkamn, Katherine H and Roof, Judith. *Staging the Rage: The Web of Misogyny in Modern Drama*. London: Associated University Press, 1998. Print, pg 15.



discusses with him the possibility of moving to Antarctica. Altogether our first impression of Harper is that she is unstable and should not be on her own (in her very first monologue she shouts, “this is why I shouldn’t be left alone!”<sup>28</sup>). She is a difficult character to trust because of her constant hallucinations and the confusing nature of her way of speaking. She is loud and brash, yet terrified by everything around her and extremely unsure of how to make her way in the world. Her dialogue consists of many outbursts and non sequiturs, and as audience members it is often very difficult to determine how we are supposed to understand her and relate to her, or when we are meant to believe her.

By contrast, her husband Joe is calm and relatively meek. He is straight-laced to a fault and never does anything unexpected or out of the ordinary. As the more straightforward of the two, he is an easier character to understand and may therefore be easier to sympathize with. We watch Joe try to control Harper, to protect her and deal with her erratic mood swings and it is very easy to wonder why he even bothers to put up with her. As it slowly comes to light—both to the audience and to Harper—that Joe is gay it becomes increasingly clear why he is so deeply unhappy in his marriage. We watch as he becomes more and more sure of his sexuality and in turn begins to resent his wife more and more. This is significant because in a story meant to highlight the experience of gay men, Harper gradually begins to function much more like a foil to Joe’s happiness. She is left helpless and afraid and while Joe embarks on a journey of self-discovery, she retreats further and further into herself and is left floundering while her husband—her only source of support to begin with—strays.

Harper is a complex character whose emotions are wildly unpredictable to everyone around her, and even to herself. She takes Valium regularly and liberally and cannot control her own hallucinations and her far-ranging imagination. Like Ophelia, she is at the center of the

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<sup>28</sup> Kushner, Tony. *Angels in America*. New York: Theatre Communications Group, 1993. Print. 17.

action only when she is at her most unhinged, when her mind is scattered and when even she doesn't know which is her true self. We cannot really know who she is because her behavior is so erratic that we never quite get the full picture of her personality. She does not have concrete emotions but flows freely through a torrent of different thoughts and feelings, making her very difficult to keep up with. Even when she comes to the revelation that Joe is gay (in a scene featuring a Valium-induced hallucination) she handles it by berating him relentlessly, casting herself in a more negative light compared to the sexually confused Joe. Our confusion over Harper's unpredictable rhetoric and actions brings a great deal of sympathy towards Joe and his plight of being married to such a person. This, coupled with his closeted homosexuality, makes it very easy to resent Harper and the fact that she represents a barrier to Joe being happy and true to himself.

It is because of Harper that Joe becomes something of a martyr. He selflessly stays with his unhinged wife because he knows that she cannot possibly function without him. As Kushner himself is a gay man, and as every major male character within the narrative is also gay, the major perspective from which the story is told is that of the gay male. This makes Harper at best an object of our pity and at worst an overly needy obstacle. It is significant that at the end of part 1 ("Millennium Approaches") Joe has finally gotten together with the man he has been eyeing and Harper is trapped in the confines of her mind, perhaps in Antarctica or somewhere else. The only thing that is clear in her final scene is that she is extremely far removed from reality. We don't know very much about Harper's past except for a throwaway comment that Joe makes to Roy: "She had a really bad time at home, when she was a kid, her home was really bad. I think a lot of drinking and physical stuff."<sup>29</sup> The fact that this characterization of what was likely an abusive childhood gets no further discussion or consideration shows that there is very little value

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<sup>29</sup>Kushner, Tony. 53.

placed on Harper's well being as a character. She is not considered with any sort of high importance because her place in the story is not one that the audience is meant to support. She is there merely to serve as a contrast to the other principle characters, all of whom are gay men with varying forms of desperation for their own happiness. Her level of "insanity" supports the idea that women are burdens who hinder the lives of men.

In addition to Harper's hysteria, attention must be paid to her relationship with Joe and the status that she holds in their marriage. It would seem that, because of Joe's sense of responsibility towards her, Harper is more in control of their marriage. Joe is constantly hindered in trying to make his own way in the world by Harper's wants and needs. They seem to trump everything that Joe wants, especially moving away. He cannot live his own life because he feels completely responsible for his deranged wife. While this may seem to point towards Harper having higher status in their relationship, the true purpose that it serves is to demonstrate what Burkman and Roof have coined "a rage against women."<sup>30</sup> All that Harper's hold on Joe implies is that she is the major obstacle to his true happiness, turning him into a martyr.

Despite this evidence that allows us to have sympathy for Joe and his heavy burden of handling Harper day in and day out, if we examine the text and look at the content of Harper's lines a very different picture of status emerges. Harper is terrified of everything—she is agoraphobic and timid, simply refusing to take on the world fully because she cannot stand the thought of putting herself into that kind of danger. However, the thing she fears the most is not the outside world but her own husband. Joe terrifies her beyond anything that she has ever encountered. Perhaps this is because of her violent and abusive past, but as we do not have much information concerning her depth as a character we cannot be sure. All we do know is that Harper's nightmares, terrifying hallucinations, and irrational fears all stem from her fear of Joe.

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<sup>30</sup> Burkman and Roof, pg 15.

She can hardly function for her paralyzing worries and feelings of apprehension. The moment in the show in which this becomes all too clear is the moment in which she tries to confront Joe about his homosexuality. He is angry at first, flatly denying it and then he becomes softer and Harper begins to explain, painstakingly, what it is like to be married to him. She tells him, “When you come through the door at night your face is never exactly the way I remembered it. I get surprised by something...mean and hard about the way you look. Even the weight of you in the bed at night, the way you breathe in your sleep seems unfamiliar. You terrify me.”<sup>31</sup>

That single declarative sentence tells us all we need to know about Harper’s status in her own marriage. She is not in control and never has been. She is unsure of how to make her way in her relationship, and she cannot possibly hold status if she cannot keep herself under control. Her fear of Joe controls her every move, forces her to retreat back into herself, and causes her to flee from anything that could be good for her. Out of all Kushner’s characters, she is likely the least in control of her own fate. We cannot call her the only victim of the story, however to ignore her plight and to focus on Joe’s problems would be a disservice to her as a character. She is caught in the trap that Kushner has made for her the source of all Joe’s frustration and unhappiness, yet unable to break out from within herself. She is completely at the mercy of Joe’s whims and emotions, because her own emotions are dictated by his actions.

The two women explored in my previous chapter are both examples of male playwrights using female characters as means to the end of their male protagonists. We cannot overlook the fact that these women have no true control over their own narratives, and are left helpless and completely under the influence of their male counterparts. It is very important to note that even in the twentieth century in which Kushner was writing, a time of greater independence for women than ever before, the character of Harper still finds herself treated as a plot device and

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<sup>31</sup> Kushner, Tony. 37.

never as a fully formed character. The implications of her treatment--and the treatment of Ophelia and Medea--as characters have the potential to be dangerous, not only to the integrity of the theatrical art form but also to audience members both female and male. The misrepresentation and under-utilization of women in theatre reflects our own societal de-valuing of women and our ideas that women simply exist for the pleasure and the advancement of the male population. That is, the patriarchy will be made stronger by theatre's refusal to challenge the status quo of gender hierarchies. As we look to art for guidance in how to make our way in the world and as a reflection of our lives, it is dangerous to portray women in this way. If we cannot place full and proper importance on half of the human population in our art, it is difficult to imagine that we will be able to do so in our everyday lives.

### Chapter 3

Once we have established how three different characters who exist within three different narratives are treated in terms of their femininity and in terms of their periods of hysteria, the question becomes one of how to respond to the mistreatments, and in what way theatre artists and consumers can work to improve the treatment of female characters. Each of these women, Medea, Ophelia, and Harper, find themselves trapped in their individual plots and under the complete control of their male creators and the male characters who also occupy their plotlines. Existing within the constraints that the male playwrights created, these women have very few options other than the inevitable mistreatment and descents into madness that are set out for them. For Cixous, these mistreatments manifest themselves as an actual murder, and she urges women not to be complicit in the mistreatment. In “Aller a la Mer” she writes about going to the theatre and describes it, “like going to (her) own funeral,”<sup>32</sup> meaning that she cannot stand idly by and watch theatre productions “not produce a living woman or (and this is not accident) her body or even her unconscious.”<sup>33</sup> Cixous does not see real women at any point when she goes to the theatre and because of this she refuses to be part of the audience. When this problem is identified, it is easy to agree with Cixous that the theatre contains no true women, the next question becomes how to remedy the situation.

This was the endeavor that I embarked upon when writing my play *Undrowned*. I was looking to take these feminist analyses of the treatments of Medea, Ophelia, and Harper and create my own narrative in which these characters could be explored in an entirely new way. The first step in this process was to remove them from their original narratives and to allow them to stand on their own. This was my first attempt at giving these women agency over what happened

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<sup>32</sup> Cixous, “Aller a la Mer,” 546.

<sup>33</sup> Cixous, “Aller a la Mer,” 546.

in their own lives. I needed to get them to a place where they could speak up for themselves and where they could reflect on what had happened to them in their original stories in order to try to overcome the constraints that existed for them within those stories. This was the original concept through which I first approached my script. It stemmed from my understanding of Cixous and of the many feminist critics who I used for my analysis and was focused on the idea that theatre can be a powerful agent of either perpetuating or changing a status quo. In this case, the status quo that I was trying to stray away from was that of a patriarchal society. Therefore I endeavored to put these three women onstage with each other, away from male influence, and to discover how I could make them act according to their own desires (and explore what those desires actually were) and how they could relate to each other.

Once I had established for myself that I was placing these women onstage with one another, the task became one of how to place them in a setting where they would be able to plausibly interact. It quickly became apparent that I needed a concrete setting and situation in which to place these women in order for the narrative I was creating to make the points that I wanted to get across. One of the aspects that I was paying particular attention to with regards to these women was hysteria, I needed a setting which would evoke certain connotations associated with notions of insanity and a lack of control. A mental institution came to mind as both a place associated with such things and as one in which I could blur the lines between reality and dream-like sequences, something which would become essential for what I was trying to do.

Upon arriving at a decision about my setting, I realized that not only would it be extremely difficult for me to simply place these women within a mental institution exactly as the original characters appeared and expect my narrative to make coherent sense. It therefore occurred to me that if I was to free myself from the constraints of simply recreating these

characters exactly as the male playwrights had created them, I would be able to open myself up to a great deal of creative possibilities. First among these was obviously that I would not be completely tied to every character trait which had been set forth by Euripedes, Shakespeare, and Kushner. I could free myself up from exact recreations of their individual characterizations and instead focus on aspects of these women that would allow me to carry a narrative which could highlight both their differences and their similarities in such a way that I would be able to explore the effects of hysteria on each of these individual women. Jumping to this realization gave me the mobility that I needed to incorporate only the character aspects that I deemed to be important to the story that I was trying to tell. I decided that I would have three women onstage. One would be a patient at the institution; one would be a therapist sent to evaluate her; and one would be a delusion, a figment of one or both of the imaginations of the other two. Each woman would carry certain traits from their source characters, and each would share some lines with the original characters, but otherwise I left myself open to handle them as I needed to.

My decision of where these women should be placed within my narrative began with Harper. Harper is an extremely personal role for me, and I have spent a great deal of time with her both playing her onstage and analyzing her within Kushner's text. The aspect of Harper that I have always been the most drawn to both artistically and personally is the depth to which she explores the thoughts, feelings, and actions not only of other people but also within herself. She is fascinated by the ways in which human emotions work, and she spends large amounts of time thinking about why people do what they do. Because of this, I have always felt that, if given the choice, Harper's dream job would be along the lines of a social worker or a therapist, someone who works closely with other people to help them confront their demons within. I am certain that the Harper that I had come to know, if given more agency, would have dedicated her life to



helping people, even though she was barely able to help herself. In considering this choice, I examined the ways in which Harper had the most agency and was the most willingly self-reflective in Kushner's original script. What I found was that it was in her moments of apparent madness--when she was hallucinating, when she was bogged down by her own delusions--that she had the greatest amount of strength over herself and was the most capable of driving the dramatic narrative.

Harper's madness manifests itself the most when she is visited by her delusions. That is, when her "imaginary friend" Mr. Lies the travel agent appears, or when she and Prior meet in a mutual hallucination. It is in these departures from absolute reality that Harper seems the most in control of herself and her emotions. Therefore her delusions are something which she craves. For this reason, I wanted to give my therapist a level of comfort in the form of an imaginary friend. My Harper was the closest to being herself when she was able to bounce her ideas and her thoughts off of the people who live in her head. She was able to think clearly only when those in her head were helping her to think. For this reason, I gave my therapist character a person in her head who could help her work through everything she was trying to do within her own mind. My therapist was Harper at her most basic level: she wants desperately to help people, but more than that she wants to be able to find kinship and solidarity with other women. Kushner's Harper is appallingly, heartbreakingly lonely. Her very first monologue in "Millennium Approaches" begins with describing "people who are lonely."<sup>34</sup> She despises being left alone and she especially despises Joe for leaving her. It was this intensely felt loneliness that gave me such an intense need to give Harper a comforting imaginary friend, and to give her the beginnings of kinship with other women who could be just like her.

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<sup>34</sup>Kushner, Tony. 16.

My next task in placing my character studies of these women on stage with each other was to determine who would be the patient in my narrative. For this role I needed a character who could have been institutionalized for her level of insanity. Euripides' Medea was the woman who came to mind to fill this role. She was the single character whose madness caused her to commit an act of violence, and on another level she is the only character whose acts of passion and insanity directly influenced the main dramatic narrative of her plot. In this day and age, Medea would likely be institutionalized for killing her sons, a fairly logical consequence for her actions. This was the initial reason that I made my patient's character a reflection of Medea. I was interested in how her destructive actions would translate to a more modern setting. Despite this, it was important to me that my patient was not an exact replica of Medea. I decided very early on that the audience would never know what crime she had committed to land herself in the institution, as I felt that attaching a specific crime to her character would have diminished to a level of relatability which I was trying to achieve. That is, giving the crime a name and a full explanation would have allowed the audience to attach certain personal connotations to whatever crime it was that had been committed. Despite this purposeful ambiguity, I needed my patient to be filled with the kind of rage that Euripides makes evident in Medea and yet be an obviously clear thinking individual. The character that I created makes it very clear that her actions--whatever they were--were thought out in an extremely precise manner and that she in no way regrets her crimes. Medea indeed, in the original text, also presents the audience with an argument that articulates why her course of action is the only way in which she can possibly proceed. My patient embodied this uncompromising determination.

These casting choices left Ophelia to be my "imaginary friend" character. However, I did not place her in this role simply because I had no other option. Ophelia to me has the least

amount of agency within her original narrative out of the three women I was studying. She therefore had the most to gain, in many ways, from being cut loose from the male-driven narrative in which she found herself. In giving her the most supernatural role--my imaginary friend was allowed to weave in and out of scenes as she saw fit--I allowed her to heavily influence the interaction between the therapist and the patient. My imaginary friend was the closest to her original character in that I decided that she *was* Ophelia. She was the “Undrowned” Ophelia, risen from the dead following a suicidal visit to a river. She was angry and bitter, unable to change what had happened to her but determined to prevent other women from meeting the same fate. Ophelia became essential to my plot, as she was my only character whose narrative had ended with her death. She had been a literal fulfillment of Cixous’ assertion that the theatre has become a funeral for all women. Therefore, while I could not change her fate, I decided to make her into a kind of guardian of women who found themselves slipping away from reality. In the afterlife, my Ophelia is very much in the business of giving other women power over themselves, which translated to her helping me to liberate these echoes of Harper and Medea from their original narratives, both of which are examples of devices that furthered the patriarchal structure of society.

In positioning my characters onstage and directing them to interact with each other, my main goal was to create moments in which the audience could see both realistic and supernatural elements. One of my biggest examples of this was the instances in which I had the patient dropping to the ground and writing out different phrases from Euripides’ original script (specifically, she wrote “the most unfortunate” and “a dreadful deed” in chalk on the floor at two different points during the performance). My intention with this piece of direction was to make it clear that the patient was breaking with reality and obsessing about the Medea character in her

own head. I wanted to be able to emphasize the importance that my three characters place on the original women on whom they were based. This focus manifested itself in a number of ways, but most significantly in the reflective monologues that I wrote for each of them in which they compare their own lives to their canonical counterparts.

The secondary advantage that I found when I no longer attempted to simply recreate the characters exactly as they had originally been written was that I was able to reflect directly on those original stories within the text of my script. I wrote each of my characters to be fascinated with their own source material to the extent that they quoted original lines and drew parallels between their own lives and the lives of those characters. This became a very necessary element to my narrative as I was able to portray these women as determinedly seeking kinship with theatrical characters, celebrating their triumphs and lamenting their flaws. They spoke to the effect that theatre can have on women and how characters that remind women of themselves can either reinforce or dismantle notions which they hold of themselves. Ultimately, my goal in writing this script was to bring these women back to life and to demonstrate how strong female characters could actually help to further a movement against the patriarchy rather than being used as tools that furthered this social order.

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## Un-drowned

VOICEOVER IN PATIENT'S VOICE

Ah, wretch! Ah, lost in my sufferings, I wish, I wish I might die. Ah, I have suffered what should be wept for bitterly. I curse you and your father. Let the whole house crash. Oh, I wish that lightning from heaven would split my head open. Oh, what use have I now for life? I would find my release in death and leave hateful existence behind me.

*Lights up. The PATIENT enters reading. She sinks down and continues to read in silence. The THERAPIST enters and watches the PATIENT for a few moments, gathering herself. As she opens her mouth to speak, the FRIEND enters. Her hair is wet and entangled with flowers.*

FRIEND

This is a terrible idea.

THERAPIST

Ugh, not you again. What are you doing here?

FRIEND

Trying to help you.

THERAPIST

You've never been helpful before, what makes you think you can be now?

FRIEND

Because I *know* this is a terrible idea.

THERAPIST

What's terrible? Doing my job?

FRIEND

I don't think you're ready for this.

THERAPIST

*You* don't think so? You don't get to have an opinion.

FRIEND

You don't know what you're doing.

THERAPIST

You aren't *supposed* to have an opinion.

FRIEND

I really do think this is a bad idea.

THERAPIST

You're not really supposed to be thinking either. You're not exactly real.

FRIEND

Now that's just rude.

THERAPIST

That's just the truth. You can't stop me from doing anything.

FRIEND

Fine. Do you know what you're going to say?

THERAPIST

I just thought I'd make it up as I go along.

FRIEND

What? You can't! This is important!

THERAPIST

Calm down, I'm kidding.

FRIEND

That wasn't funny.

THERAPIST

You have no sense of humor. You never did.

FRIEND

I do too. I just don't think now is the time for jokes.

THERAPIST

It's always the time for jokes.

FRIEND

Maybe it would be if you were funny.

THERAPIST

You see? No sense of humor, I told you. You should have stayed drowned in that river.

FRIEND

Ouch, you didn't have to go there.

THERAPIST

Oh? Did I hurt your feelings?

FRIEND:

Well according to you I don't have feelings.

THERAPIST:  
Ok ok I'm sorry.

FRIEND:  
Just cool it with the suicide jokes ok? You have to focus.

THERAPIST:  
Just calm down. I know exactly what I'm doing.

FRIEND:  
Do you?

THERAPIST:  
Of course I do. I went to school for this.

FRIEND:  
Oh, of course *doctor*. I forgot.

THERAPIST:  
You know perfectly well that I'm not a doctor.

FRIEND:  
Fine. Whatever your title is now.

THERAPIST:  
Well to you, it's nothing.

FRIEND:  
Are you *sure* you're ready for this?

THERAPIST:  
You have to stop asking me that.

FRIEND:  
I just don't want it to be like last time. Do you remember last time?

THERAPIST:  
Of course I do but this won't be like that. It can't be.

FRIEND:  
Just try not make *this* one worse.

THERAPIST:  
You aren't very supportive have I ever told you that?



FRIEND:

You aren't very nice to me have I ever told you that?

THERAPIST:

I don't have to be nice to you.

FRIEND:

And I don't have to be supportive of you. That's not my job.

THERAPIST:

Okay, I'm starting now.

FRIEND:

I'll be right here when you need me.

THERAPIST:

I won't.

FRIEND:

Then why am I here?

THERAPIST:

You tell me. I never asked for you to come. I'll be fine

FRIEND:

We'll see. Go ahead then I won't stop you.

THERAPIST:

*Takes a few deep breaths, then reaches into her bag and pulls out a pill bottle. She pours a few into her hand and swallows them. Hello, it's very nice to meet you. The PATIENT looks at her but says nothing. I'm here to talk to you a bit, would that be ok?*

PATIENT:

*holding up the book* Not now. I'm reading.

THERAPIST:

I see that. What is it you're reading?

PATIENT:

I think it's Greek tragedy.

THERAPIST:

What makes you say that?

PATIENT:

Well, it *does* say, "Four Tragedies by Euripides."

THERAPIST:

Good. I'm glad they put a lot of thought into the books they leave lying around here.

PATIENT:

It's about a very sad woman.

THERAPIST:

How do you know she's sad?

PATIENT:

*flips to a new page in the text and reads* On me this thing has fallen so unexpectedly, it has broken my heart. I am finished. I let go all my life's joy. My friends, I only want to die. It was everything to me to think well of one man, and he, my own husband, has turned out wholly vile. Of all things which are living and can form a judgment we women are the most unfortunate creatures.

THERAPIST:

Why do you think she says these things?

PATIENT:

She says right there, "my own husband turned out to be wholly vile."

THERAPIST:

And what do you think she means by that?

PATIENT:

Well it means that...that she was betrayed by someone she trusted. Why does she think that about women?

THERAPIST:

Think what about women?

PATIENT:

That we're "the most unfortunate creatures."

THERAPIST:

Well, it's Greek tragedy. I hear it gets a little dramatic.

PATIENT:

You don't think women are unfortunate now?

THERAPIST:

Well...no I didn't say that.

PATIENT:  
Well, what *do* you say?

THERAPIST:  
What do I say to what?

PATIENT:  
Are women unfortunate? Are our lives worse than others? Than men's lives?

THERAPIST:  
I don't know if I'd say all women.

PATIENT:  
Well, *she* did. She seems to know what she's talking about.

THERAPIST:  
Yes, and I like I said she was overdramatic.

PATIENT:  
I don't think a therapist should say things like that to someone like me.

THERAPIST:  
Things like what?

PATIENT:  
I'm not a therapist but don't you think that telling me something is overdramatic is bad for me?

THERAPIST:  
Bad for you?

PATIENT:  
You're not exactly making me feel ok about having a breakdown.

THERAPIST:  
Is that what happened?

PATIENT:  
What do you mean?

THERAPIST:  
Did you have a breakdown? Is that why you're here?

PATIENT:  
I thought they told you.

THERAPIST:

I'd like you to tell me.

PATIENT:

What kind of therapist are you? Aren't you supposed to know these things?

THERAPIST:

I'd trust you more than any nurse in this place to tell me what happened to you.

PATIENT:

That sounds like bullshit to me.

THERAPIST:

Does it?

PATIENT:

You don't have any idea what you're doing, do you?

THERAPIST:

I...

PATIENT:

No, obviously not.

THERAPIST:

Now, don't get rude I'm just trying to ask you...

PATIENT:

Oh, I shouldn't get rude? I get unceremoniously thrown in here—against my will I might add, I am completely in my right mind—and when I arrive I am...ignored, bullied, and belittled all at once. No one here will talk to me, in fact they go out of their way to avoid even looking at me.

Aside from that terrified nurse who brings me meals and makes sure my pills are being swallowed I'm left alone for almost every minute of every day. I sit here and I contemplate what I've done...and I can't fathom *why* I would be sentenced to here of all places. The women here, they have no conception of reality, or they have their own form of it. Some of them can't walk or eat on their own and I swear some of them just enjoy the chaos. They enjoy being in a place where they're almost expected to break the rules, and where their everyday life can be as disorganized as they want it to be. And I move in here with them and sit here and do exactly what I'm told and all of a sudden I'm treated as though I'm the most unstable, most dangerous woman here. And now they bring you in here...to what, get me to talk? And you sit in here and they obviously gave you my case file and yet you have the nerve to ask me to describe to you what I did, when you know perfectly well...you know.

THERAPIST:

There's no more to the story?

PATIENT:

I saw what you did.

THERAPIST:  
You...saw what?

PATIENT:  
When you came in, before you talked to me.

THERAPIST:  
I don't know what you're talking about.

PATIENT:  
Don't worry, I won't tell anyone. Unless of course you do something I don't like. I *am* insane after all.

FRIEND:  
This is going well. *The PATIENT cannot see or hear the FRIEND.*

THERAPIST:  
Do you think you're being helpful?

FRIEND:  
She's definitely going to tell on you.

THERAPIST:  
Tell who what? She doesn't know anything.

FRIEND:  
She's right, though. She could have another hysterical breakdown and you could get fired.

THERAPIST:  
And you know all about hysterical breakdowns, don't you?

FRIEND:  
I thought we were quitting the insensitive jokes.

THERAPIST:  
I think she's waiting for me to talk about what happened. She was almost daring me to.

FRIEND:  
Well, why didn't you?

THERAPIST:  
I want to let her bring it up first. She's still in a certain amount of denial.

FRIEND:

What if she doesn't quite know what exactly she did?

THERAPIST:

Oh, she knows. *She fumbles with her purse and takes out a pill bottle.*

FRIEND:

You don't need those right now.

THERAPIST:

Oh hush, you don't know anything.

FRIEND:

You can't have those in here!

THERAPIST:

I need them.

FRIEND:

Come on, you can do this without those.

THERAPIST:

Well, you're still here and talking to me so clearly I can't.

FRIEND:

Now that's just hurtful.

THERAPIST:

No matter how many of these I take I can't seem to make you go away.

FRIEND:

It's because you need me.

THERAPIST:

I wouldn't go that far.

FRIEND:

Do you want my advice or not?

THERAPIST:

What could you possibly have to say to me that I don't already know?

FRIEND:

Why don't you listen to me and maybe you'll find out.

THERAPIST:

I just don't know how to talk to her.

FRIEND:

No one who works in here cares about these women, and they don't care about each other, and some of them don't even care about themselves. I think, when you get stuck here, you lose the idea of who you were supposed to be. That person can't exist anymore so you're not left with many choices. You've already gone crazy so now that you're here what you're supposed to do is retreat inside yourself. These women are only doing what everyone expects of them, which is nothing.

THERAPIST:

So, what are you saying?

FRIEND:

I just think it's going to be hard to get through to her.

THERAPIST:

I have to try.

FRIEND:

Be my guest, please. Just don't let her get to you.

THERAPIST:

When do I ever let people get to me?

FRIEND:

Every day.

*The THERAPIST turns back to the PATIENT, who has been reading.*

PATIENT:

She plans to kill them.

THERAPIST:

Plans to kill who?

PATIENT:

Her husband. And his new lover. And her father for some reason.

THERAPIST:

Ancient Greek politics. Daughters belonged to their fathers.

PATIENT:

She plans their whole murder.

THERAPIST:

Read it to me.

PATIENT:

“I will make dead bodies of three of my enemies—father, the girl, and my husband. I have many ways of death which I might suit to them, and I do not know, friends, which one to take in hand; whether to set fire underneath their bridal mansion, or sharpen a sword and thrust it to the heart, stealing into the palace where the bed is made. There is just one obstacle to this. If I am caught breaking into the house and scheming against, I shall die, and give my enemies cause for laughter. It is best to go by the straight road, the one in which I am most skilled, and make away with them by poison.”

THERAPIST:

She really thought carefully about this, didn't she?

PATIENT:

She was focused.

THERAPIST:

What do you mean?

PATIENT:

When you're that angry, it's easy to be focused.

THERAPIST:

I always thought that anger made you go crazy.

PATIENT:

Maybe with some people. But for some people anger makes you focused and sharper than you've ever been. Focused on just one thing that you know will make you feel better and might cause the people that hurt you some pain.

THERAPIST:

Is that what you did?

PATIENT:

I don't know what you mean.

THERAPIST:

Is that what happened to you? Were you so angry that you just had to cause someone pain?

PATIENT:

How have those pills been treating you?

THERAPIST:

What?



PATIENT:

They give me pills too. Although I'm sure they're not nearly as much fun as the ones you take. Mine are supposed to calm me down. Yours...well I don't really know but I doubt they're as depressing as mine.

THERAPIST:

I can't discuss this with you.

PATIENT:

Come on, doctor. You don't want to talk about getting high? I saw you. I used get high all the time. I still do only now they call it medication.

THERAPIST:

Stop. You've crossed a line.

PATIENT:

You crossed a line when you came into a place like this with a bag full of pills.

THERAPIST:

This is none of your business. I won't discuss it.

PATIENT:

Well there you have it, doctor.

THERAPIST:

I'm not a doctor. There I have...what?

PATIENT:

We both have things we won't discuss. I won't talk to you about how I got in here and you won't talk to me about your pill problem.

THERAPIST:

I *do not* have a pill problem...and anyway it's my job to get you to talk about it. I need to know what you could possibly have been thinking. Were you even thinking at all?

PATIENT:

One could argue that it's *my* job to be difficult and impossible to get a straight answer from. That's all anyone expects of me.

THERAPIST:

Okay. Fine. Do you want me to tell you what I read in your file?

PATIENT:

No. I know what it says.

THERAPIST:  
Do you?

PATIENT:  
Of course I do.

THERAPIST:  
Well...it says some things you might not know about.

PATIENT:  
Of course it does. It's all about what *I* did isn't it? There's nothing in there about what came before?

THERAPIST:  
Well no, it's only about you.

PATIENT:  
Why? Why does everyone else get a free pass except for me?

THERAPIST:  
Well, no one did *quite* what you did...

PATIENT:  
It was his own fault!

THERAPIST:  
Who's own fault?

PATIENT:  
*His.*

THERAPIST:  
He didn't make you do anything.

PATIENT:  
He made me weak.

THERAPIST:  
And you let him.

FRIEND:  
What was that play we saw?

THERAPIST:

Excuse me, I'm trying to have a session here.

FRIEND:  
I know. I'm helping

THERAPIST:  
How exactly are you helping?

FRIEND:  
I'm trying to remember what that play we saw was.

THERAPIST:  
Why does it matter? Anyway, *I* saw it. You didn't.

FRIEND:  
I was with you.

THERAPIST:  
Are you talking about the weird Hamlet one?

FRIEND:  
The one where Ophelia lives...sort of. I couldn't tell if it was because she decided not to kill herself or because she pulled herself out of the river at the last minute. She stood there and stared at the audience—I thought she was staring at you—and said: "I am Ophelia. The one the river didn't keep...yesterday I stopped killing myself...I destroy the battlefield that was my home. I fling open the doors so the wind gets in and the scream of the world. I smash the window. With my bleeding hands I tear the photos of the men I loved and who used me on the bed on the table on the chair on the ground. I set fire to my prison. I throw my clothes into the fire. I wrench the clock that was my heart out of my breast. I walk into the street clothed in my blood."

THERAPIST:  
I don't really know what any of that means.

FRIEND:  
Sure you do.

THERAPIST:  
I really don't. Do you?

FRIEND:  
I've only got as much as an idea as you do.

THERAPIST:  
Don't say cryptic shit to me. If you have something to say just tell me.

FRIEND:

I think it means that she lives and maybe goes on to live her life without men dragging her down...I liked that idea. She never drowned.

THERAPIST:

Wish she could show *me* how to be like that. I feel more and more like Shakespeare's real version every day. The one who sat and watched her own life unravel because the man she loved was spiraling out of control. Who was forced every day to say things like "I think nothing, my lord" whenever Hamlet asked her a question. She wasn't allowed to think. Hamlet would never let her. Really it's no wonder she goes insane at the end of her life. She's seen enough of men, enough of those around her that she can no longer hold up herself and her own sanity. So she implodes. I feel like I might implode.

FRIEND:

Don't be so dramatic.

THERAPIST:

You're the one who brought up the strangest fucking play I've ever seen.

FRIEND:

I thought it might be helpful.

THERAPIST:

No, you didn't. And you don't think.

FRIEND:

Tell her.

THERAPIST:

Tell her what?

FRIEND:

About the play.

THERAPIST:

That's not going to do anything. It won't make sense to her.

FRIEND:

Just tell her that there are other ways to fight back.

THERAPIST:

Fight back against what?

FRIEND:

People who hurt you.

THERAPIST:  
Like you did?

FRIEND:  
The sarcasm isn't very nice.

THERAPIST:  
Okay, okay. Where were we?

FRIEND:  
She told you that he had made her weak.

THERAPIST:  
*back to PATIENT* And you let him.

PATIENT:  
He made me weak so I had to make myself strong again.

THERAPIST:  
No one can do that to you.

PATIENT:  
He did. So I had to show him that I could bring myself back.

THERAPIST:  
And so you...

PATIENT:  
I showed him that I could withstand more pain than he ever could! He only ruined me because he had no idea what I was capable of. Now he knows.

THERAPIST:  
Do you think you showed him that you're stronger than he is?

PATIENT:  
Of course I did. But I've always known that.

THERAPIST:  
But has he?

PATIENT:  
No. He always underestimated me. That's why he thought he could get away with his bullshit.

THERAPIST:  
Well, technically...never mind.

PATIENT:  
No, what?

THERAPIST:  
Well, *you're* the one who ended up in here...and as far as I know he's perfectly free out there.

PATIENT:  
...you really are the worst therapist I've ever had.

THERAPIST:  
Do you have much to compare me to?

PATIENT:  
Well, no. You're the only one I've ever had.

THERAPIST:  
Then you really don't know what you're talking about, do you?

PATIENT:  
I'm still not sure that's something you're supposed to say to me. Aren't you supposed to be validating my feelings?

THERAPIST:  
Not if your feelings are invalid, no.

PATIENT:  
So I'm not justified in being angry?

THERAPIST:  
Of course you are, you're just not justified in handling your anger the way that you did.

PATIENT:  
And what way is that?

THERAPIST:  
You can't just *hurt* people if you're feeling hurt.

PATIENT:  
Of course I can. That's how everyone lives. That's how politics and religion and society all work if you think about it.

THERAPIST:  
You can't possibly be justifying what you did.

PATIENT:  
I did what I had to.

THERAPIST:  
I just can't understand that.

PATIENT:  
Well, you couldn't, it didn't happen to you.

THERAPIST:  
No, I suppose it didn't.

PATIENT:  
How did you even get this job?

THERAPIST:  
I applied for it.

PATIENT:  
Who in their right mind would have hired you? What did you have to offer?

*The THERAPIST turns to her FRIEND.*

THERAPIST:  
"An agoraphobic with a mild valium addiction." If I was being honest, that's what my resume probably should have said.

FRIEND:  
But you weren't being honest. Why did you take this job?

THERAPIST:  
Because I was qualified for it.

FRIEND:  
Why else?

THERAPIST:  
That's why, I told you.

FRIEND:  
But why did you *want* it?

THERAPIST:  
If you know why, why are you asking me?

FRIEND:  
I'm kind of wondering if you can say it.

THERAPIST:  
I guess...a little bit...I wanted to see women who were crazier than I was. Than I am.

FRIEND:  
Well, you do have me.

THERAPIST:  
That's true.

FRIEND:  
Do you really think this poor woman is crazier than you are?

THERAPIST:  
I mean...she's the one who was actually sentenced to containment because she went crazy. With me you can't really tell.

FRIEND:  
Except that you've got me.

THERAPIST:  
True, but no one knows that.

FRIEND:  
Maybe you should be a little more patient. How can you expect her to have it together if *you* don't?

PATIENT:  
I asked you a question.

THERAPIST:  
Sorry?

PATIENT:  
How did you get this job, doctor?

THERAPIST:  
I told you, I'm not a doctor.

PATIENT:  
Fine, how did you get this job...lady?

THERAPIST:  
Thanks for that.



PATIENT:

I'm just wondering. Have you ever worked in a place like this before?

THERAPIST:

Well...no.

PATIENT:

What made you think you could do this?

THERAPIST:

I don't know I just...

PATIENT:

Did you think this would be fun or something?

THERAPIST:

I don't know what I thought, I just wanted to try helping people for a change.

PATIENT:

I think you should leave.

THERAPIST:

It's not your job to dismiss me.

PATIENT:

If I make a scene, you have to leave. You forget I have dirt on you.

THERAPIST:

No one would believe you.

PATIENT:

Do you really want to take that chance?

THERAPIST:

I'm not going anywhere.

PATIENT:

You're upsetting the mental patient.

THERAPIST:

You're lucky you're in here at all, and not a prison. I can change that for you.

PATIENT:

Bullshit. *Starts calling offstage.* Nurse! I need your help!

THERAPIST:  
No, shhhhh please!

FRIEND:  
She's not making this easy on you, is she?

PATIENT:  
I could get them to come here you know. They'd throw you out in a second if I wanted them to.

THERAPIST:  
Do you want them to?

PATIENT:  
If you upset me again maybe I will.

THERAPIST:  
If you want me to leave I will, but please don't make a scene.

PATIENT:  
Still hiding, doctor?

THERAPIST:  
Don't call me doctor.

PATIENT:  
Fine, and I won't tell anyone about those pills for now either.

THERAPIST:  
Please, let's just...let's get back to what we were talking about.

PATIENT:  
Which was what exactly?

FRIEND:  
She's not wrong, you've been all over the place with this session.

THERAPIST:  
You haven't exactly been helping me focus.

FRIEND:  
It's your job to focus.

THERAPIST:  
You just make it so difficult.

PATIENT:  
Hello?

THERAPIST:  
Yes, sorry. We need to get back to talking about *you*.

PATIENT:  
Oh good, my favorite subject.

THERAPIST:  
Well? Why do you think you ended up here?

PATIENT:  
Didn't we go over this? You read my file right?

THERAPIST:  
Of course I did, I told you. I just want to know why you think you did what you did.

PATIENT:  
Oh please doctor, that's not a fair question.

THERAPIST:  
Why not?

PATIENT:  
You're asking me to rationalize something that you already think is irrational.

THERAPIST:  
You have to stop doing that.

PATIENT:  
Doing what?

THERAPIST:  
Doing my job for me.

PATIENT:  
I am not.

THERAPIST:  
You are. Stop analyzing everything I say to you and just try to answer my questions. Please.

PATIENT:  
Fine. What were we talking about?

THERAPIST:  
Do you want to be here?

PATIENT:  
Of course I don't!

THERAPIST:  
Then please try to help me understand.

PATIENT:  
I don't know how to do that.

THERAPIST:  
How do you think you ended up here?

PATIENT:  
I had people who thought it might be a good idea.

THERAPIST:  
What people?

PATIENT:  
I don't know...family, friends...they wanted me to come here.

THERAPIST:  
Why do you think they thought that?

PATIENT:  
I don't fucking know...I think I scared them.

THERAPIST:  
You scared them?

FRIEND:  
(*sarcastically*) Good, repeating everything she says is definitely the way to go with this.

THERAPIST:  
Shut *up*.

FRIEND:  
I'm trying to be helpful!

THERAPIST:  
Yeah well, say one more helpful thing and I'll punch you in the mouth.

FRIEND:

You can't touch me I'm a figment of your imagination.

THERAPIST: Do you really want to test that out? (*back to PATIENT*) Why do you think you scared your family?

PATIENT:

I don't know. I was acting weird I guess.

THERAPIST:

What were you doing?

PATIENT:

*I don't know.* Not acting like myself I guess.

THERAPIST:

How?

PATIENT:

I don't know I guess I...nothing was fun anymore.

THERAPIST:

You mean you were depressed?

PATIENT:

No...I don't think so anyway. I was just...not happy.

THERAPIST:

I know the feeling.

FRIEND:

Idiot. She doesn't care about *your* feelings. You're the therapist not her.

THERAPIST:

I'm not supposed to try and relate to her?

FRIEND:

You're not supposed to make her into your own therapist, that's *your* job.

THERAPIST:

How am I supposed to do this if I can't connect with her on a human level.

FRIEND:

If you don't know how to do that without dumping your own personal shit onto her then you have a problem.

THERAPIST:

Ok, ok, what should I ask her then?

FRIEND:

She was talking about that play she was reading why don't you ask her about that?

THERAPIST:

I don't *want* to, how is that relevant?

FRIEND:

Just...I don't know. Be someone for her to talk to about whatever she wants ok?

THERAPIST:

If this backfires I'm blaming you.

FRIEND:

I'm not exactly worried about whatever you could do to me.

THERAPIST:

(to *PATIENT*) Ok, tell me more about this book.

PATIENT:

She goes crazy.

THERAPIST:

Oh?

PATIENT:

She murders her children.

THERAPIST:

What? Why?

PATIENT:

She thought it was best.

THERAPIST:

What? Killing them?

PATIENT:

*Yes.*

FRIEND:

That's fucked up.

THERAPIST:

Well, it *is* supposed to be a tragedy I guess.

PATIENT:  
But it's not.

THERAPIST:  
Oh?

PATIENT:  
She does exactly what she wanted to do. She causes her husband extreme pain.

THERAPIST:  
And doesn't she also experience extreme pain?

PATIENT:  
Yes, but she can handle it. Don't you see? She shows that she has power over her husband. She withstands more pain than he ever could.

THERAPIST:  
Don't you think she pays too high a price in order to prove that?

PATIENT:  
*You* clearly think so.

THERAPIST:  
And you don't?

PATIENT:  
Do you know how this story ends? Her husband is left in disgrace while she rides up to the heavens in a golden chariot. Which one of them wins, do you think?

THERAPIST:  
Why does one of them have to win?

PATIENT:  
They don't have to. But clearly she does.

THERAPIST:  
Neither of them win. She's still left childless.

PATIENT:  
And?

THERAPIST:  
And! She murdered the things that give her life meaning!

PATIENT:  
How do you know?

THERAPIST:  
Excuse me?

PATIENT:  
How do you know they gave her so much meaning?

THERAPIST:  
That's just what...mothers always say that.

PATIENT:  
Before I had children, do you know how many people asked me when I would? How many people asked me if I was knocked up yet, how many people I *barely knew* who mentioned my biological clock? You're with a man for too long and then all of a sudden your life doesn't have meaning unless you procreate? What if I was infertile? Or a lesbian? Or what if, god forbid, I didn't like children?

THERAPIST:  
Do you?

PATIENT:  
Do I what?

THERAPIST:  
Do you hate children?

PATIENT:  
I didn't say that.

THERAPIST:  
Do you love your children?

PATIENT:  
That's a personal question.

THERAPIST:  
Those are my specialty.

PATIENT:  
I...my life didn't change when I had them.

THERAPIST:



Not at all?

PATIENT: My life had just as much meaning before I became a mother as after.

THERAPIST:

They didn't give you...some kind of purpose?

PATIENT:

I had purpose before. Growing another human in my body didn't turn me into a greater kind of woman. It made me a vessel. I *had* to care for them while they lived inside me. I didn't have a choice. If I hadn't I would be a monster.

THERAPIST:

And now?

PATIENT:

Now?

THERAPIST:

How do you think people would look at you now? Are you a monster?

PATIENT:

Why should I care about that?

THERAPIST:

What if someone believes that you are, in fact, a monster?

PATIENT:

Do you believe that?

THERAPIST:

I didn't say that. I just want you to consider the possibility...

PATIENT:

That you might hate me?

THERAPIST:

I never said that.

PATIENT:

Look, doctor, you deal with things your way and I'll deal with things my way.

THERAPIST:

You can't do that.

PATIENT:  
What are you talking about? Of course I can.

THERAPIST:  
You can't just hurt other people and justify it to yourself like it was your duty or your right.

PATIENT:  
This isn't any of your business.

THERAPIST:  
You've made it my business.

PATIENT:  
How?

THERAPIST:  
It's my job to get you to talk about this.

PATIENT:  
I thought we established that you're not very good at your job.

THERAPIST:  
*You* established that.

PATIENT:  
Well, I was right. You're not.

THERAPIST:  
You're really not willing to talk to me, are you?

PATIENT:  
You don't exactly make it enjoyable.

THERAPIST:  
How do you think you're helping yourself?

PATIENT:  
Excuse me?

THERAPIST:  
Do you think that you're helping yourself by acting this difficult?

PATIENT:  
Helping myself how?

THERAPIST:

What do you think you'll get out of behaving like this?

PATIENT:

Whatever happens to me can't be worse than what happened before.

THERAPIST:

Oh no, on the contrary your situation could get much worse.

PATIENT:

Impossible.

THERAPIST:

Have I mentioned just how lucky you are to be *here* rather than in prison?

PATIENT:

They can't send me to prison.

THERAPIST:

Actually, they can. And they will if it doesn't look like you're doing well here.

PATIENT:

"Doing well?" What does doing well here even mean? Is anyone doing well here? I thought that was the point of being here.

THERAPIST:

What was the point?

PATIENT:

That we're not well. None of us are.

THERAPIST:

I thought you said you were healthy?

PATIENT:

I'm in my right mind if that's what you mean.

THERAPIST:

More so than the other women here?

PATIENT:

Have you seen them? Of course I am I don't belong here.

THERAPIST:

Then why aren't you doing well?

PATIENT:

Would you be? If you had to be stuck in this place?

THERAPIST:  
Is it really that bad?

PATIENT:  
I can certainly see now why places like this stay in business. If you aren't insane before you get here, having to live here could do the trick.

THERAPIST:  
Do you think you're going crazy?

PATIENT:  
I thought you thought I already *was* crazy.

THERAPIST:  
I'm asking what you think.

PATIENT:  
I don't know, all I know is I can't stay here. It's bad for me. I don't know.

FRIEND:  
Ok, good you're making more progress now this is better.

THERAPIST:  
I still can't get through to her.

FRIEND:  
What do you want from her?

THERAPIST:  
I'm just trying to get her to talk about what happened. It's not healthy for her to keep justifying it to herself and not to face what she did head on.

FRIEND:  
That might not be possible for her.

THERAPIST:  
(*to PATIENT*) I still don't understand how you can be defending this story.

PATIENT:  
Just listen to her. (*reads*) O coward in every way—that is what I call you, with bitterest reproach for your lack of manliness, you have come, you, my worst enemy, have come to me! I saved your life, and everyone knows I saved it. This is how I behaved to you, you wretched man, and you forsook me, took another bride to bed, though you had children; for, if that had not been, you

would have had an excuse for another wedding. Faith in your word has gone! I shall find him and request him to come once more into my sight. And when he comes, the words I'll say will be soft ones. I'll say that I agree with him, that I approve the wedding he has made, betraying me. I'll say it was profitable, an excellent idea. But I shall beg that my children may remain here: not that I would leave in a country that hates me children of mine to feel their enemies' insults, but that by a trick I may kill the whore. All who touch the girl will die in agony; such poison will I lay upon the gifts I send. I weep to think what deed I have to do next after that; for I shall kill my own children. My children, there is none who can give them safety. And I shall leave the land and flee from the murder of my dear children, and I shall have done a dreadful deed

THERAPIST:

She really believed that she had to do it, didn't she?

PATIENT:

She had no choice.

THERAPIST:

Of course she did, you always have a choice.

PATIENT:

*(reading)* For it is not bearable to be mocked by my enemies. So it must happen.

THERAPIST:

How can that possibly be? How could someone be forced into murdering her own family?

PATIENT:

It was the most rational choice for her. Even though it might not make sense to *you*.

FRIEND:

Ok I take it back. She's definitely beyond fucked up.

THERAPIST:

I'm not allowed to decide that.

FRIEND:

I thought you were the only one who was allowed to decide that. She's clearly irrational.

THERAPIST:

I wouldn't call her irrational. I think her decision-making is perfectly fine. Even if it doesn't make sense to us.

FRIEND:

How could you say that?

THERAPIST:

She knows exactly what's going on, she knows exactly what she's doing every minute of the day.

FRIEND:

Just like that character in her play?

THERAPIST:

Exactly.

FRIEND:

How do you justify her what she did then?

THERAPIST:

She's evil. How else could she have done it?

FRIEND:

I don't believe that.

THERAPIST:

There are some people who have no sense of right and wrong, they just can't fathom morality.

PATIENT:

It made more sense to her to commit those murders than to take everything that happened to her lying down. Listen, (*reads*) I can do no other thing. It is understandable for you to speak thus.

You have not suffered as I have. This is the best way to wound him. And so it must be. No compromise is possible.

THERAPIST:

That's a frighteningly rational way to look at things.

PATIENT:

Thank you doctor.

THERAPIST:

(*to FRIEND*) I changed my mind. She's a complete psychopath.

FRIEND:

What kind of therapist are you? You can't write your patients off as soulless psychopaths.

THERAPIST:

I can if that's what they are.

FRIEND:

Well *I* want to help her.

THERAPIST:  
Good luck with that, you can't do anything.

FRIEND:  
I can try to get you to help.

THERAPIST:  
She can't be helped.

FRIEND:  
She can't be or you won't help her?

THERAPIST:  
She won't allow me to help her, there's nothing more I can do.

FRIEND:  
Well then, there's no point in your being here is there?

THERAPIST:  
"Lonely people imagine a lot." That's a quote from a movie I saw once. At least I think it is. I can't remember, exactly. I just remember being drawn to that poor woman who said it. She had the strangest life you've ever heard of. A drag queen came to her in a drug dream to tell her that her husband was a closeted gay man. In response, she imagines going to Antarctica in her mind with her imaginary friend. That's a real movie that made it onto HBO.

FRIEND:  
I know, I remember. I couldn't stand it.

THERAPIST:  
I couldn't believe what I was watching. But there she is and she's lonely and she spends most of her time imagining different worlds and different people. I can understand that.

FRIEND:  
I bet you can.

THERAPIST:  
Imagination can't create anything new. "Nothing unknown is knowable." That's another thing she says. Which frankly is really fucking depressing.

FRIEND:  
What? I'm not good enough for you?

THERAPIST:  
I don't know. You're all I've got I guess. All I know is that I can't fucking stand to live a full day in actual reality. So I make my own.

FRIEND:

I mean, that's all any woman in here does, really. She makes her own reality. It's the only way she can stand to be in here. At least that's what I've seen.

THERAPIST:

None of my patients are monsters. But staying here certainly could turn someone into one. Sometimes I feel like I'm a monster, and I have to hide it every single day. That's what the pills are for. They keep me level and focused and away from my monsters. Most of the time.

FRIEND:

They don't keep *me* away.

THERAPIST:

You're not a monster.

PATIENT:

You don't actually think I'm crazy, do you?

FRIEND:

Don't tell her the truth.

THERAPIST:

I'm a therapist. I don't get to call people crazy. Some people just think differently.

PATIENT:

Not me. You and I think exactly the same, doctor.

THERAPIST:

I'm *not* a doctor.

PATIENT:

You don't think we do?

THERAPIST:

I could never do what you did.

PATIENT:

You say that now, but you have no idea.

THERAPIST:

I would never.

PATIENT:



You have a degree in psychology, right? Answer me this. How close to each other are love and hate?

THERAPIST:  
What?

PATIENT:  
Have you ever loved someone so deeply that you just know it wouldn't take much to hate them?

THERAPIST:  
No. I can't say that I have.

PATIENT:  
It's just the intensity of the feeling. You can love so strongly that if the object of your affection spurns your love, that affection can turn to hatred and anger in a single second. You have no idea what you're capable of until you feel that kind of anger.

THERAPIST:  
Sometimes brokenhearted people are just sad. They don't go into rages and hurt people.

PATIENT:  
Have you ever had your heart broken?

FRIEND:  
You've got to stop letting her be your therapist, that's *your* job.

THERAPIST:  
And you've got to stop giving me so much "advice." Since when has listening to you gotten me anywhere?

FRIEND:  
Don't kid yourself, you couldn't function without me.

THERAPIST:  
Oh, just watch me.

PATIENT:  
I think you might be a psychopath.

THERAPIST:  
Excuse me?

PATIENT:  
I don't think you have feelings.

THERAPIST:

Are you really qualified to be saying things like that?

PATIENT:

I don't think *you're* qualified to be doing anything. How were you even hired?

THERAPIST:

I came very well recommended.

PATIENT:

Recommended by who?

THERAPIST:

People who know about these things.

PATIENT:

Well, I don't think you're very good.

THERAPIST:

Well then I guess I'm lucky that I'm not relying on you for my paycheck.

PATIENT:

You probably should be. Your success really depends on my success doesn't it?

THERAPIST:

I suppose so, but don't you want to get better?

PATIENT:

I thought I told you I don't belong here. I'm not sick. But you might be.

THERAPIST:

Me?

PATIENT:

You seem very unbalanced.

THERAPIST:

(*to FRIEND*) She's doing it again. Analyzing me. (*FRIEND doesn't acknowledge her*) Hello?

PATIENT:

This is exactly what I mean. Who are you talking to?

THERAPIST:

What? You could hear me?

PATIENT:

Of course I could. You were talking out loud.

THERAPIST:

(to *FRIEND*, *unacknowledged again*) why won't you listen to me?

PATIENT:

(to *FRIEND*) Honestly, who is she talking to?

FRIEND:

I have no idea. I think she's really going off the deep end.

THERAPIST:

Seriously, where are you? Why won't you answer?

PATIENT:

Are you alright? Can I get you something?

THERAPIST:

How did you know? You *knew* right away. That's not how it's supposed to work. I was supposed to know you and help you, not the other way around. That's *not* how this is supposed to work. I have to tell them I can't come in anymore. Don't you think that's best? You won't let me work the way I need to work. Or maybe...maybe we can help each other. Maybe we can...mend together. What do you think? Do you think she could help me? Why won't you answer me? I want to know. Maybe I don't. I've been happy for so long, and now she's come to mess it up for me. I mean, I've been happy enough. Pretend-happy, that's better than nothing. Why won't you answer me? You shouldn't be here, you aren't even real.

*She searches through her purse and extracts several pill bottles. She opens each of them in turn and tries to dump them, but each one is empty.*

THERAPIST:

She can't just be gone! What have you done with her?

PATIENT:

You need to calm down.

THERAPIST:

Don't you dare tell me to calm down.

FRIEND:

She's definitely gone psychotic, you should go get help.

PATIENT:

There's no one around, what should I do?

FRIEND:

Talk to her, figure out what's wrong.

PATIENT:  
What am I supposed to say to her?

FRIEND:  
I don't know, anything. By the way, you were wrong.

PATIENT:  
When was I wrong?

FRIEND:  
When you really love someone it doesn't turn into hatred. It can't. You can be angry and hurt all you want but you can't hate. Loving someone makes them a part of you, whether you like it or not.

PATIENT:  
Are you saying I can't hate a part of myself?

FRIEND:  
Of course you can, but you don't.

PATIENT:  
I think she's sad.

FRIEND:  
Very astute of you. You should go into psychology.

PATIENT:  
I mean I think beyond being depressed. I think something happened to her.

FRIEND:  
Either that or nothing ever happened to her.

PATIENT:  
She just seems sad...and angry. I wish I knew *why*.

FRIEND:  
We might never know. Are you alright with that?

PATIENT:  
No.

FRIEND:  
(*approaches THERAPIST*) I forgot to tell you what happened in the rest of the play. Ophelia rises and murders every man who's ever dared look at her. She stands there, covered in their

blood, and says, “down with the happiness of submission. Long live hate and contempt, rebellion and death. When she walks through your bedrooms carrying butcher knives you’ll know the truth.” You wanted to be just like her, but you didn’t know how.

PATIENT:

She can’t hear you anymore. Does that mean she doesn’t need you now?

FRIEND:

It means that I can’t do anything else to help her.

PATIENT:

I think you should still try.

FRIEND:

There’s nothing I can do anymore. She’s the only one who can raise herself now.

*The PATIENT draws a circle in chalk around the THERAPIST. All three stand and face the audience. They speak in unison. This should be a tonal shift in the show. There should be a feeling of a chorus.*

ALL:

I went to the sea.

THERAPIST:

Because I hated the land.

PATIENT:

Because I was furious and afraid.

FRIEND:

Because he told me to.

ALL:

I drowned.

FRIEND:

He killed them. Both of them. And he tried to kill me.

THERAPIST:

You still drowned.

PATIENT:

But she came back.

ALL:

We drowned.

FRIEND:  
But we survived.

*Both the FRIEND and the PATIENT look at the THERAPIST, who takes a deep breath, and steps out of the circle that has been drawn around her. The FRIEND continues.*

FRIEND  
I hope all will be well. We must be patient. Good night, ladies. Good night, sweet ladies.  
*Blackout.*